IN THE LITERATURE

Here we highlight important articles from the literature in clinical, organizational and research ethics.

Aulisio MP, Arnold RM, Youngner SJ. Health Care Ethics Consultation: Nature, Goals, and Competencies. *Ann Intern Med.* 2000;133:59-69.

The following abstract appeared in the *Annals of Internal Medicine*:

Patients, families, and health care providers have a right to expect that ethics consultants can deal competently with the complex issues that they are asked to address. The Society for Health and Human Values-Society for Bioethics Consultation Task Force on Standards for Bioethics Consultation explored core competencies and related issues in ethics consultation. This position paper summarizes the content of the resulting Task Force Report, which included nine general conclusions: 1) U.S. societal context makes "ethics facilitation" an appropriate approach to ethics consultation; 2) ethics facilitation requires certain core competencies; 3) core competencies can be acquired in various ways; 4) individual consultants, teams, or committees should have the core competencies for ethics consultation; 5) consult services should have policies that address access, patient notification, documentation, and case review; 6) abuse of power and conflicts of interest must be avoided; 7) ethics consultation must have institutional support; 8) evaluation of process, outcomes, and competencies is needed; and 9) certification of individuals and accreditation of programs are rejected.

To read the abstract and the article go to:
http://www.annals.org/issues/v133n1/pdf/200007040-00012.pdf

Meaney M. A Deliberative Model of Corporate Medical Management. *Journal of Law, Medicine, and Ethics*. 2000;28:125-136.

The following is excerpted from the article:
Managed care is evolving in ways that pose unique ethical challenges to those interested in the intersection of clinical and organizational ethics. For example, Disease Management (DM) is a form of managed care that has emerged in response to chronic illness...This article examines some ethical issues surrounding the development of DM systems with an eye toward organizational ethics. Specifically, I examine the issue of interprofessional and intraprofessional conflict in the context of this integrated delivery system. In the first part of the paper, I use political theory and business ethics to offer an interpretation the nature and scope of authority in medical decisionmaking. The purpose here is to ground

professional autonomy and make clear the proper function of authority in corporate medical management.

In the second part, I apply this general theory to DM programs. I argue that, though the goal of DM is above reproach, means to ends involve ethical difficulties for the protection and promotion of both professional and patient autonomy. Those who wish to create DM programs will encounter substantive ethical issues at the intersection of clinical and organizational ethics. These issues exist not only at the individual professional level, but also at the health team level, where they are likely to be a function of differences in orientation to, and mechanisms for, dealing with ethical conflicts.

For more information go to:
http://www.aslme.org/

Korn D. Conflicts of Interest in Biomedical Research. *JAMA.* 2000;284:2234-2237.

To read the full text of this article go to:
http://jama.ama-assn.org/issues/v284n17/rfull/jco00155.html

Morreim E.H. Quality of Life: Erosions and Opportunities Under Managed Care. *Journal of Law, Medicine, and Ethics.* 2000;28:144-158.

The following is excerpted from the table of contents:

The author posits that the actual quality of life being delivered through many health plans appears to be eroding. The author discusses the ways in which recent economic developments challenge medicine's traditional interest in quality of life, suggests why this tension has developed, and proposes several ways to address the emerging issues.

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